

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	9/24 -
O.I.P.E. CLASSIFIER		59	10/1
FORMALITY REVIEW	6H	602005	10-12-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY more than 150 claims or 10 actions
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